

# Changes to Strategies and Precautions for the Disposition of Patients with COVID-19 in Healthcare Settings

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Message Urgency: **HIGH**

This is a message from the Louisiana Department of Health Emergency Operations Center (LDH EOC) for the Louisiana Health Alert Network (LA HAN) recipients. This message is from Dr. Frank Welch, Medical Director of the Bureau of Community Preparedness, regarding **Changes to Strategies and Precautions for the Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)**. Please share and distribute with relevant stakeholders and partners through your own distribution channels.

## Changes to Strategies and Precautions for the Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

### Summary of Changes to the Guidance:

Below are changes to the guidance as of April 30, 2020:

- **Two Negative Tests Required:** The 2-negative test strategy should be maintained in Louisiana for patients who are returning to congregate settings such as a nursing home or correctional facility.
- **Determining Contagious Patients :** Changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms and the ‘time-based strategy’ for those without symptoms and updated these to extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of viral shedding and will be revised as additional evidence becomes available. This time period will capture a greater proportion of contagious patients; however, it will not capture everyone.
- **Precaution Criteria:** Added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19.

### Discontinuation of Transmission-Based Precautions for patients with COVID-19:

The decision to discontinue [Transmission-Based Precautions](#) for patients with confirmed COVID-19 should be made using either a test-based strategy or a symptom-based (i.e., time-since-

illness-onset and time-since-recovery strategy) or time-based strategy as described below.

**Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.**

**Symptomatic patients with COVID-19** should remain in Transmission-Based Precautions until they meet all requirements in **one** of the strategies below:

- *Test-based strategy*
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens) [\[1\]](#). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.
- *Symptom-based strategy*
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 10 days have passed *since symptoms first appeared*.

**Patients with laboratory-confirmed COVID-19 who have not had any symptoms** should remain in Transmission-Based Precautions until they meet all requirements in **one** of the strategies below:

- *Test-based strategy*
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.
- *Time-based strategy*
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised).

### **Discontinuation of empiric Transmission-Based Precautions for patients suspected of having COVID-19:**

The decision to discontinue empiric [Transmission-Based Precautions](#) by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

### **Disposition of Patients with COVID-19:**

Patients can be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- **Isolation should be maintained at home** if the patient returns home before discontinuation of Transmission-Based Precautions. The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments. It should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations. Guidance on

[implementing home care of persons who do not require hospitalization](#) and the [discontinuation of home isolation for persons with COVID-19](#) is available.

If discharged to a nursing home or other long-term care facility (e.g., assisted living facility), **and transmission-based precautions are still required**, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.

If discharged to a nursing home or other long-term care facility (e.g., assisted living facility), **and transmission-based precautions have been discontinued, but the patient has persistent symptoms from COVID-19** (e.g., persistent cough), they should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.

If discharged to a nursing home or other long-term care facility (e.g., assisted living facility), **and transmission-based precautions have been discontinued and the patient's symptoms have resolved**, they do not require further restrictions, based upon their history of COVID-19.  
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